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Date of Deposit September 28, 2001

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nereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as incress Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX STENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231

Guy E. Beardsley
Printed name of person mailing correspondence

Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)				
Attorney Docket Number	00398/512002			
Applicants	ALAN S. KOPIN and MARTIN BEINBORN			
Title	ASSAYS FOR IDENTIFYING RECEPTORS HAVING ALTERATIONS IN SIGNALING			
PRIORITY INFORMATION:				
This application claims the benefit of the filing date of United States provisional patent applications serial nos. 60/236,302, filed September 28, 2000, and 60/288,644, filed May 3, 2001.				
SMALL ENTITY STATUS:		V		
□ Applicant claims small entity sta	atus under 37 C.F.R. § 1.27.			
APPLICATION ELEMENTS:				
Cover sheet		1 page		
Specification		37 pages		
Claims		7 pages		
Abstract		1 page		
Drawing		27 sheets		
Combined Declaration and POA, which is: Unsigned; Newly signed for this application; A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.		3 pages		
Appendix with Coversheet		6 pages		
Sequence Statement		[**] pages		
Sequence Listing on Paper		[**] pages		
Sequence Listing on Diskette		[**] disk		
Small Entity Statement, which is: □ A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.		[**] pages		



Preliminary Amendment	[**] pages
IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] references
Recordation Form Cover Sheet and Assignment .	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$710	\$710.00
Excess Claims Fee: 36 - 20 = 16 x \$18	\$288.00
Excess Independent Claims Fee: 3 - 3 = 0 x \$80	\$0.00
Multiple Dependent Claims Fee: \$270	\$0.00
Total Fees:	\$998.00

- ☑ Enclosed is a check for \$998.00 to cover the total fees.
- □ Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees.
- □ The filing fee is not being paid at this time.
- ☑ Please apply any other charges, or any credits, to Deposit Account No. 03-2095.

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CUSTOMER NO: 21559

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Signature

28 Septalow 2001

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